## MULTI-DISCIPLINARY PATIENT EDUCATION DOCUMENTATION RECORD

LEARNING R	READINESS ASSESSME	NT:				
	[ ] Adult [ ] Pt motivated/ready to learn					
			[ ] Family/SO motivated/ready to learn			
			[ ] School-aged pts given opportunity to continue			
	[ ] Child/Infant	schoo	ling			
IDENT	TIFY BARRIERS TO LEA	RNING:				
	[ ] physical/cognitive: _					
	[ ] language:	1%				
	[ ] language: [ ] cultural/religious: [ ] emotional/motivation					
	[ ] emotional/motivation	al:				
tairink/Sign	[] none					
IEDICATIO	N TEACHING: Patient h	as been instructed on	the purpose, dose	, frequency,		
	side effect or other consider			nt-drug-supplement		
	the following meds:			D + /T '4' 1		
Med				Date/Initials		
				-		
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01-16-97	TO PROCES TO STORE					
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AEDICAL E	QUIPMENT: Use, purpos	e meaning of alarms	persons authoriz	ed to manage controls		
	e patient interaction, outco					
ate/Initials	e patient interaction, outco	mes of improper use	Date/Initials	of the following		
ate/IIIItiais	Intravenous infusion pun	np	Date/Ilitials	Cryocuff		
Vint.	PCA pump		ye tataniya pe .	Pulse oximetry		
DOS	Incentive spirometer		Continuente	Oxygen equipment		
- Tille	Continuous passive moti	on machine (CPM)	CHARLES SAME	Other (specify):		
Rana	Sequential compression			other (speerly).		
Ancs	HP monitor/telemetry	actice (BCB)	Comments			
Ober	mini nomicon telemeny		T 2757 200 College .			
PECIAL DII	ETS (those likely to requi	re natient managem	ent or a duration	$n  ext{ of } > 24  ext{ hrs}$ :		
ate/Initials	IST-DP, AND OTHER P		Initials	2 · M15)		
	Cardiac	2000	Other:			
	Diabetic	Loce Inc. str.	Other:			
	Jan 1997	Date Or 1853;				
Addressograph:						

REFERRALS/CONSULTS:			
[ ] Mental Health	Date/Initi	als:	
[ ] Patient Education	Date/Initi	als:	
Dietician	Date/Initi	als:	
New Parent Suppor	t Date/Initi	ials:	
[ ] Maternal Support S	Services Date/Initi	ials:	
[ ] Resolve Through S	haring Date/Init	ials:	
	Date/Init	ials:	
[ ] Other: [ ] Other:	Date/Init	ials:	
[ ] Other.	Date/IIII	CILIE	•
PRE-OP, POST-OP, AND O	THER PROCEDI	IRES TEACHING:	
Labs, X-Ray, EKG	Date/Initials:	Comments:	2d m(x):
Operating Room	Date/Initials:	Comments:	
Anesthesia	Date/Initials:	Comments:	
Recovery Room	Date/Initials:	Comments:	
	Date/Initials.	Comments.	(4)00(0)
Dressing/Incision Drains	Date/Initials:	Comments:	nu unimi bi muu.
	Date/Initials:	Comments:	
Ambulation	Date/Initials:	Comments:	
Hygiene/Grooming	Date/Initials:	Comments:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Bowel/Bladder	Date/Initials:	Comments:	<del>oppoletie</del>
Breathing Exercises	Date/Initials:	Comments:	
Discharge Criteria	Date/Initials:	Comments:	
PHYSICAL THERAPY TEA			
Shoulder Immobilizer	Date/Initials:	Comments:	
Sling	Date/Initials:	Comments:	
Crutches	Date/Initials:	Comments:	
Brace	Date/Initials:	Comments:	
Exercises	Date/Initials:	Comments:	
Other			
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Initials/ Signature			
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